

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 3002525277
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-934
7. Lease Name or Unit Agreement Name NEW MEXICO S STATE
8. Well No. 32
9. Pool name or Wildcat BLINEBRY OIL

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORMC-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator EXXON CORPORATION
3. Address of Operator ATTN: REGULATORY AFFAIRS ML#14 P. O. BOX 1600 MIDLAND, TX 79702
4. Well Location Unit Letter G : 2300 Feet From The NORTH Line and 1980 Feet From The EAST Line Section 2 Township 22S Range 37E NMPM LEA County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3359 GR

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **ADD BLINEBRY PERFS AND FRAC** ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

06/15/94 MIRU WSU
06/17/94 SET RBP @ 5685' AND TESTED, TESTED GOOD
06/20/94 PERF 5451 TO 5643 1 SPF
06/21/94 FRAC W/ 169000# 20/40 SAND AND 42900 GALS FLUID
06/22/94 RELEASE PLUG AND POOH.
06/27/94 RETURN WELL TO PRODUCTION

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Sharon B. Timlin TITLE Sr. Staff Office Assistant DATE 07/12/94

TYPE OR PRINT NAME Sharon B. Timlin (915) 688-6166 TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

JUL 18 1994